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8/5/04
APPROVED

5641
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PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/549,002
	Filing Date	April 14, 2000
	First Named Inventor	Paul C. Hassler
	Art Unit	3671
	Examiner Name	Tara L. Mayo
	Attorney Docket Number	7330*1

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Client has failed to pay any bills for the past three years. 37 C.F.R. 10.40(c)(1)(vi)

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number:

OR

☒ Firm or Individual Name Paul C. Hassler

Address 503 Jefferson Avenue

City New Castle State Delaware Zip 19720

Country

Telephone Fax

Name James M. Olsen

Signature

James M. Olsen

Registration No.

40,408

Date

June 16, 2004

Telephone No.

(302) 658-9141

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Express Mail Label No. ER 883445830 US Dated: June 16, 2004



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☐ Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Paul C. Hassler		
Address	503 Jefferson Avenue		
City	New Castle	State	Delaware
Zip	19720		
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Telephone			Fax
Name	James M. Olsen		
Signature			Registration No.
Date	June 16, 2004	Telephone No.	40,408
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